

**MACOMB COUNTY HEALTH DEPARTMENT**  
**Environmental Health Services Division**  
Telephone: (586) 469-5236      Fax: (586) 469-6534

**Application For Exemption From Property Transfer Regulation**

Owner \_\_\_\_\_ Applicant \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone (     ) \_\_\_\_\_ Telephone (     ) \_\_\_\_\_

**Subject Property**

Address \_\_\_\_\_

Civil Division \_\_\_\_\_ Property Is:    ☐ Occupied    ☐ Vacant

*(Application will NOT BE ACCEPTED without the property/parcel ID No.)*

Property ID No. \_\_\_\_\_ Property Use:    ☐ Residential    ☐ Commercial

**Reason That Property is Exempt From Transfer Evaluation (*check all applicable below*)**

- ☐ Property will be connected to municipal sewer/water within 6 months of transfer.
- ☐ Dwelling/building is within the first 3 years of occupancy or the On-Site Sewage Disposal System and/or On-Site Water Supply System is a permitted and approved system within the first 3 years of installation.
- ☐ Previous transfer evaluation completed and filed with the Macomb County Health Department within the past 12 months.
- ☐ The premises are to be demolished and not occupied after the transfer.
- ☐ The value of the transfer is less than \$100.00.
- ☐ The transfer is due to a Judgement or Order of the court of record making or ordering transfers. (*This does not apply where a specific monetary consideration is specified or ordered by the court.*)
- ☐ The transfer is from a husband or wife or husband and wife and will create or disjoin a tenancy by the entireties in the grantor or the grantor and his or her spouse.
- ☐ The transfer will create a joint tenancy between 2 or more persons where at least one of the persons already owned the property.
- ☐ Other: \_\_\_\_\_

**\*\*APPROPRIATE WRITTEN DOCUMENTATION MUST BE INCLUDED WITH THIS FORM\*\***

\_\_\_\_\_  
Owner /Authorized Agent Signature

\_\_\_\_\_  
Date